

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002755

STATE FILE NUMBER

AMENDED

Registration District No. 222 Primary Registration District No. 5779 Registrar's No. 2

FILED JAN 16 1962

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FRANKLIN		c. CITY OR TOWN ELDON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 mi-S- Eldon		d. STREET ADDRESS R#3	
3. NAME OF DECEASED (Type or print) First CARL Middle Edward Last MEYER		4. DATE OF DEATH Jan-9-1962	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6 JUNE 1905
9. AGE (at birthday) 56		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming Omaha-Neb	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Otto-Meyer		13b. MOTHER'S MAIDEN NAME EARESTINE-BEHANKE	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - WWII	
16. INFORMANT Victor Meyer		17. ADDRESS ELDON-MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH few min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 8 1962 to Jan 9 1962 and saw him alive on Jan 8 1962 Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. O. Shelton M.D. (Degree or title)	
22b. ADDRESS Eldon, Mo.		22c. DATE SIGNED Jan 10 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12 JAN 1962	
23c. NAME OF CEMETERY OR CREMATORY ELDON		23d. LOCATION (City, town, or county) (State) ELDON MO	
24. FUNERAL DIRECTOR Keith M. Fays		25. DATE RECD. BY LOCAL REG. Jan 11 1962	
26. REGISTRAR'S SIGNATURE Olivera W. Walt			

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Leif M. Kays*

Licensed Embalmer No. 3958

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.